

POLICYHOLDER'S DECLARATION AND SIGNATURE

I would like to apply for a Part-Withdrawal on the abovementioned Plan(s). I am the legal owner of the Plan(s) and I have not ceded or pledged the Plan(s) by antenuptial contract or otherwise. I understand the Part-Withdrawal will affect the final maturity value of the Plan(s). I am also aware and consent to the Part-Withdrawal charge, where applicable. I the undersigned, hereby request Old Mutual to deposit the Part-Withdrawal proceeds into the bank account provided and declare that the address and bank details provided are correct.

Policyholder's signature

Date

In times of a serious financial crisis (for instance a very bad recession), we may apply a market value adjuster to reduce the values it pays for zero interest loans, part withdrawals and surrenders as a protective measure for customers who leave their money invested in the Smoothed Bonus Fund until the end of their terms. Once the economy stabilises, we will not reduce the values anymore.

COMMISSIONER OF OATHS / OLD MUTUAL REPRESENTATIVE (complete for thumbprint)

The thumbprint below and the marks made in this document are that of the client / claimant specified in the document and have been placed in my presence.

Role / Job title

Signed at (place)

on (date)

Signature

THUMBPRINT

OFFICIAL STAMP

Right thumb Left thumb